Message Text

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INFO OCT-01 NEA-10 ISO-00 HEW-04 AID-05 CIAE-00 INR-07 NSAE-00 PM-04 NSC-05 SP-02 SS-15 H-01 L-03 OMB-01 TRSE-00 /064 W

-----152204Z 096503 /75

R 150957Z APR 77
FM AMEMBASSY NEW DELHI
TO SECSTATE WASHDC 2445
INFO AMCONSUL BOMBAY
AMCONSUL CALCUTTA
AMCONSUL MADRAS

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PASS OES/PA, DHEW/OIH-NIH, AID

EO 11652: NA

TTAGS: TBIO, SPOP, TPHY, IN

SUBJ: FUTURE PROSPECTS OF INDIAN FAMILY PLANNING PROGRAM

REF: A. STATE 76552, B. NEW DELHI 4635,

C. NEW DELHI 4600

SUMMARY

1. THE INTENSIVE STERILIZATION CAMPAIGN IN CERTAIN NORTHERN STATES OF INDIA PLAYED A MAJOR ROLE IN THE OVERWHELMING DEFEAT OF THE CONGRESS PARTY. THE SUCCESS OF THE CONGRESS PARTY IN THE SOUTHERN STATES APPEARS TO BE PARTLY DUE TO THE FACT THAT THE EMERGENCY WAS NOT ENFORCED VIGOROUSLY IN THOSE STATES AND THERE WAS VIRTUALLY NO ELEMENT OF COMPULSION IN THE STERILIZATION PROGRAM.

THE NEW GOVERNMENT WILL CONTINUE THE FAMILY PLANNING LIMITED OFFICIAL USE

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EFFORT AS AN INTEGRAL PART OF A LARGER POPULATION
PACKAGE INCLUDING HEALTH EDUCATION, MATERNITY AND CHILD
HEALTH, FAMILY WELFARE, NUTRITION, ETC. STERILIZATION
WILL BE CONTINUED AND MADE AVAILABLE IN CLINICS TO
FAMILIES THAT WANT TO VOLUNTARILY PARTICIPATE BUT THERE
WILL BE NO INTENSIVE FAMILY PLANNING DRIVES. THE NEW
BUDGET BEING PRESENTED IN MAY WILL INDICATE FUTURE

DIRECTIONS OF THE FAMILY PLANNING PROGRAM. END SUMMARY.

2. THE EMBASSY HAS PREPARED AN ANALYSIS OF THE RELATION-SHIP BETWEEN INTENSITY OF STERILIZATION DRIVE AND THE ELECTION PERFORMANCE BY THE CONGRESS PARTY IN THE MAJOR STATES OF INDIA. THIS ANALYSIS IS BEING POUCHED TO THE DEPARTMENT. IN EFFECT, IT IS DIFFICULT TO MAKE A CLEAR-CUT GENERALIZATION THAT THE STERILIZATION CAMPAIGN WAS THE MAJOR CAUSE OF THE OUTCOME OF THE ELECTIONS IN THE NORTH. HOWEVER, IN SUCH STATES AS UTTAR PRADESH, MADHYA PRADESH, DELHI, BIHAR, HARYANA AND RAJASTHAN WHERE HIGHLY INTENSIVE "QUOTA" ORIENTED STERILIZATION CAMPAIGNS USING QUESTIONABLE METHODS WERE CONDUCTED, IT WOULD BE FAIR TO SAY STERILIZATION WAS ONE OF THE MAJOR CAUSES FOR THE CONGRESS DEFEAT. HOWEVER, EVEN WITHIN THESE STATES THERE ARE AREAS WHERE OTHER CIRCUMSTANCES WERE MAJOR ISSUES SUCH AS LAND AND AGRICULTURAL TAX, POLICE ATROCITIES UNCONNECTED WITH STERILIZATION, THE RESORT TO ARBITRARY ARRESTS AND OTHER BURECRATIC "ECESSES". IN THE STATES OF PUNJAB, WEST BENGAL AND ORRISSA WE FEEL STERILIZATION WAS ONLY A SECONDARY FACTOR FOR THE JANATA SWEEP. THE SUCCESS OF THE CONGRESS PARTY AND ITS ALLIES IN THE SOUTHERN STATES OF ANDHRA PRADESH, KARNATAKA, TAMIL NADU AND KERALA APPEARS TO BE PARTLY DUE TO THE FACT THAT THE EMERGENCY WAS NOT ENFORCED IN THESE STATES AS VIGOROUSLY AS IN THE NORTH AND THERE WAS VIRTUALLY NO ELEMENT OF COMPULSION OR COERCION IN THE STERILIZATION PROGRAM.

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- 3. IN REGARD TO THE GOVERNMENT'S FUTURE POLICY ON FAMILY PLANNING, THE DESAI GOVERNMENT HAS INDICATED IT WILL FOLLOW THE PARTY MANIFESTO THAT THE GOVERNMENT "FULLY ACCEPTS THE VITAL NEED FOR FAMILY PLANNING AS A MEANS OF INDIVIDUAL AND NATIONAL DEVELOPMENT AND WELLBEING. BUT IT DOES NOT BELIEVE THAT A PROGRAM OF THIS KIND SHOULD BE TARNISHED AND BRUTALIZED BY USE OF FORCE OR COMPULSION OF ANY KIND. THE PARTY SEES FAMILY PLANNING AS AN INTEGRAL PART OF A LARGER POPULATION PACKAGE, INCLUDING HEALTH EDUCATION, MATERNITY AND CHILD CARE, FAMILY WELFARE AND WOMENS RIGHTS, NUTRITION, EMPLOYMENT AND RISING LIVING STANDARDS. THE PARTY DOES NOT FEEL THAT FAMILY PLANNING SHOULD BE ISOLATED FROM THESE OTHER ACTIVITIES.
- 4. THE HEALTH MINISTER MR RAJ NARAIN HAS STATED ON SEVERAL OCCASIONS THAT FAMILY PLANNING WOULD BE PURSUED AS A FAMILY WELFARE PROGRAM AND WOULD BE WHOLLY VOLUNTARY WITHOUT ANY COMPULSION AND WOULD BE PART OF A COMPRE-

HENSIVE PROGRAM COVERED IN THE PARTY MANIFESTO. HE SAID THE ENTIRE PROGRAM IS BEING REVIEWED TO CONFORM TO THE GOVERNMENT'S VIEWS ON POPULATION CONTROL. IN ONE OF HIS FIRST EFFORTS IN THIS DIRECTION, IT WAS ANNOUNCED THIS WEEKTHAT THE MINISTRY OF HEALTH AND FAMILY PLANNING WILL HENCEFORTH BE CALLED THE MINISTRY OF HEALTH AND FAMILY WELFARE. THE MINISTER HAS CLARIFIED THAT HIS EARLIER REFERENCE TO STERILIZATION AS "AN INHUMAN ACT" WAS TO COMPULSORY STERILIZATION AND NOT TO VOLUNTARY STEILIZATION. HE INDICATED THAT THE GOVERNMENT SHOULD NOT INTERFERE IN PRIVATE FAMILY LIFE, BUT THE GOVERNMENT WOULD MAKE ALL OF THE FAMILY PLANNING SERVICES AVAILABLE INCLUDING STERILIZATION IN CLINICS FOR THE PEOPLE THAT WANT TO PARTICIPATE. HE INDICATED THAT NO

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R 150957Z APR 77 FM AMEMBASSY NEW DELHI TO SECSTATE WASHDC 2446 INFO AMCONSUL BOMBAY AMCONSUL CALCUTTA AMCONSUL MADRAS

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INTENSIVE FAMILY PLANNING DRIVES WOULD BE ORGANIZED. THE GOVERNMENT WILL CONDUCT A MASSIVE CAMPAIGN OF HEALTH AND FAMILY WELFARE EDUCATION ON A VOLUNTARY BASIS. THIS HE SAID WOULD BE PART OF AN OVERALL HEALTH DELIVERY SCHEME PROVIDING MEDICAL FACILITIES TO EACH AND EVERY VILLAGE, EITHER THROUGH MODERN MEDICINE OR INDIAN TRADITIONAL SYSTEMS. IN FACT, HE MENTIONED THAT INDIA SHOULD ALSO INTRODUCE SOME FORM OF BAREFOOT DOCTOR SCHEME SIMILAR TO THE ONE NOW IN VOGUE IN CHINA TO PROVIDE MINIMUM MEDICAL SERVICE TO POOR PEOPLE IN RURAL AREAS.

5. NEITHER THE MINISTER NOR OTHER GOVERNMENT OFFICIALS

HAVE MADE ANY SERIOUS MENTION OF ALTERNATIVE METHODS OF FAMILY PLANNING INSTEAD OF STERILIZATION. THE MINISTER DID REFER ON ONE OCCASION TO THE USE OF YOGA, CELIBACY, THE PILL AND IUD'S. HOWEVER IT IS TOO EARLY TO MAKE ANY JUDGEMENTS ON GOVERNMENT OF INDIA SPECIFIC POLICIES FOR BIRTH CONTROL.

6. IN REGARD TO INCENTIVE PAYMENTS FOR STERILIZATION WE REPORTED IN REFTEL (C) THAT RS 400 MILLION WAS BEING LIMITED OFFICIAL USE

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ALLOTTED IN THE 1977-78 BUDGET FOR STERILIZATION INCENTIVES. WE FEEL THIS WILL BE DRASTICALLY CUT AND THE GOVERNMENT WILL REVERT TO THE POLICY OF PAYING COMPENSATION PAYMENTS OF RS 20-30 FOR STERILIZATIONS TO COVER OUT-OF-POCKET EXPENSES AS OPPOSED TO THE RS 100 TO 150 PAYMENT UNDER LAST YEARS CAMPAIGN.

THE BULK OF THIS MONEY WILL BE SHIFTED TO THE CONSOLIDATION OF THE HEALTH AND FAMILY WELFARE SERVICES TO THE RURAL AREAS. IT IS NOT KNOWN WHETHER THE GOVERNMENT WILL INTRODUCE ANY COMMUNITY INCENTIVES. THE MINISTER APPEARS THO BE OPPOSED TO ANY FORM OF LARGE-SCALE INCENTIVES.

7. COMMENTS

WE FEEL THE GOVERNMENT OF INDIA WILL IN GENERAL FOLLOW, THE PARTY MANIFESTO ON FAMILY PLANNING BY MAKING ALL OF THE SERVICES AVAILABLE INCLUDING STERILIZATION BUT CONDUCTING THE PROGRAM ON A PURELY VOLUNTARY BASIS. FAMILY PLANNING WILL BECOME INTEGRATED WITH HEALTH, NUTRITION, MATERNITY AND CHILD CARE ETC. INTO A COMPLETE FAMILY WWLFARE PACKAGE. STERILIZATION WILL CONTINUE TO BE AVAILABLE IN CLINICS FOR THOSE WHO WANT TO TAKE THAT OPTION BUT THIS METHOD IS NOT LIKELY TO BE PUSHED AS IN THE PAST. THE CENTRAL GOVERNMENT AND STATE GOVERNMENTS APPROACH WILL MOST LIKELY BE THROUGH MASSIVE EDUCATION AND EXPANSION OF RURAL HEALTH SERVICES.

THE NEW HEALTH SECRETARY MR RAJESHWAR PRASAD IS A SEASONED AND WELL-LIKED IAS PROFESSIONAL WHO IS A PERSONAL FRIEND OF THE MINISTER. HE IS ALSO KNOWN TO HAVE A HIGH REGARD FOR THE NEED FOR A COMPREHENSIVE PROGRAM OF POPULATION PLANNING TO STEM INDIA'S EXPLODING POPULATION. IT IS FELT HE WILL ADD A LARGE DEGREE OF STABILITY TO THE MINISTRY. IT IS MOST PROBABLE THAT LIMITED OFFICIAL USE

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THE MINISTER WILL MAKE A CLEAN SWEEP OF THE TOP OFFICIALS IN THE DEPARTMENT OF FAMILY PLANNING (NOW FAMILY WEL-FARE) AND APPOINT HIS OWN STAFF WHO HAVE NOT BEEN TAINTED WITH THE PREVIOUS GOVERNMENT PROGRAM. THESE CHANGES ARE LIKELY TO BE COMPLETED BY MAY WHEN THE GOVERNMENT IS EXPECTED TO PRESENT ITS BUDGET PROPOSALS TO THE PARLIAMENT. THE BUDGET WILL INDICATE THE FUTURE DIRECTIONS OF THE FAMILY PLANNING PROGRAM. WE ARE CLOSELY FOLLOWING THE SITUATION AND WILL ATTEMPT TO ANSWER IN GREATER DETAILS SOME OF THE QUESTIONS RAISED IN REFTEL (A) AS THE NEW GOVERNMENT UNFOLDS ITS POLICIES AND PROGRAMS IN THIS AREA. THIS WILL ALSO GIVE SOME INDICATION TO INTERNATIONAL ORGANIZATION DONORS SUCH AS THE WORLD BANK AND UNDP AS TO WHAT POLICIES TO FOLLOW IN THEIR ASSISTANCE PROGRAMS TO THE INDIAN POPULATION CONTROL EFFORT. END COMMENTS SCHNEIDER

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Message Attributes

Automatic Decaptioning: X

Capture Date: 01-Jan-1994 12:00:00 am Channel Indicators: n/a **Current Classification: UNCLASSIFIED**

Concepts: FAMILY PLANNING, PROGRAMS (PROJECTS)

Control Number: n/a

Copy: SINGLE Sent Date: 15-Apr-1977 12:00:00 am Decaption Date: 01-Jan-1960 12:00:00 am

Decaption Note: Disposition Action: RELEASED Disposition Approved on Date:
Disposition Case Number: n/a
Disposition Comment: 25 YEAR REVIEW

Disposition Date: 22 May 2009 Disposition Event:

Disposition History: n/a
Disposition Reason:
Disposition Remarks:
Document Number: 1977NEWDE05449
Document Source: Concument Unique ID: 00

Document Unique ID: 00 Drafter: n/a

Enclosure: n/a Executive Order: N/A Errors: N/A

Expiration: Film Number: D770132-0186 Format: TEL From: NEW DELHI

Handling Restrictions: n/a Image Path: ISecure: 1

Legacy Key: link1977/newtext/t19770453/aaaabtlz.tel

Line Count: 244 Litigation Code IDs: Litigation Codes:

Litigation History:
Locator: TEXT ON-LINE, ON MICROFILM

Message ID: 9ae798a4-c288-dd11-92da-001cc4696bcc

Office: ACTION OES

Original Classification: LIMITED OFFICIAL USE Original Handling Restrictions: n/a Original Previous Classification: n/a Original Previous Handling Restrictions: n/a

Page Count: 5
Previous Channel Indicators: n/a

Previous Classification: LIMITED OFFICIAL USE
Previous Handling Restrictions: n/a
Reference: 77 STATE 76552, 77 NEW DELHI 4635, 77 NEW DELHI 4600

Retention: 0

Review Action: RELEASED, APPROVED Review Content Flags: Review Date: 28-Feb-2005 12:00:00 am Review Event:

Review Exemptions: n/a **Review Media Identifier:** Review Release Date: n/a Review Release Event: n/a **Review Transfer Date:** Review Withdrawn Fields: n/a

SAS ID: 2794448 Secure: OPEN Status: NATIVE

Subject: FUTURE PROSPECTS OF INDIAN FAMILY PLANNING PROGRAM

TAGS: TBIO, SPOP, TPHY, IN

To: STATE Type: TE

vdkvgwkey: odbc://SAS/SAS.dbo.SAS_Docs/9ae798a4-c288-dd11-92da-001cc4696bcc

Review Markings: Margaret P. Grafeld Declassified/Released US Department of State EO Systematic Review 22 May 2009

Markings: Margaret P. Grafeld Declassified/Released US Department of State EO Systematic Review 22 May 2009